


<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	246483US0
	First Inventor or Application Identifier	Masayuki IKENO, et al.
	Title	ONE-PART ORGANOPOLYSILOXANE GEL COMPOSITION

22386 U.S. PTO  
10/730079

120903

<b>APPLICATION ELEMENTS</b> <i>See MPEP chapter 600 concerning utility patent application contents</i>	<b>ADDRESS TO:</b> Commissioner for Patents Mail Stop Patent Application Alexandria, Virginia 22313
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification Total Sheets <input type="text" value="22"/></p> <p>3. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets <input type="text"/></p> <p>4. <input checked="" type="checkbox"/> Oath or Declaration Total Pages <input type="text" value="4"/> a. <input checked="" type="checkbox"/> Newly executed (original) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with box 17 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).</p> <p>5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>)</p> <p>6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification or Sequence Listing on : i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies</p>	<b>ACCOMPANYING APPLICATION PARTS</b> <p>7. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> <p>9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard</p> <p>14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (1) (if foreign priority is claimed)</p> <p>15. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>16. <input checked="" type="checkbox"/> Other: Request for Priority</p>
<p>17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application no.: Prior application information: Examiner: Group Art Unit:</p> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>	
<b>18. CORRESPONDENCE ADDRESS</b>  Customer Number <b>22850</b> (703) 413-3000 FACSIMILE: (703) 413-2220	

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C. Irvin McClelland  
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Docket No. 246483US0

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

INVENTOR(S) Masayuki IKENO, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: ONE-PART ORGANOPOLYSILOXANE GEL COMPOSITION

**FEE TRANSMITTAL**

COMMISSIONER FOR PATENTS  
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	12 - 20 =	0	x \$18 =	\$0.00
INDEPENDENT CLAIMS	1 - 3 =	0	x \$86 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$290 =	\$0.00
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TOTAL OF ABOVE CALCULATIONS				\$770.00
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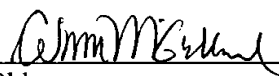
- ☐ Please charge Deposit Account No. 15-0030 in the amount of **\$0.00**. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of **\$0.00** to cover the filing fee is enclosed.
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Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,  
MAIER & NEUSTADT, P.C.

Date: \_\_\_\_\_

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